RETAIL FOOD FACILITY INSPECTION REPORT

RADNOR TOWNHSIP 301 IVEN AVENUE			# Risk Factor Violations # Repeat Risk Factor Violations	DATE TIME IN	10/28/16 10:30am 11:30am Phone #
WAYNE, PA 19087 Food Facility Address		Overall Compliance Status	TIME OUT		
		City/State	Zip		
Avenue Kitchen 789 E. Lancaster Avenue			Villanova, Pa.	19085	
Registration #	on# Owner		Purpose of Inspection (choose one)	License Type	Risk Category
FE00001209 Greg Smith, Manager		Follow Up	Retail	Retail Foods	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

		Demonstration of Knowledge				Protection from Contamination	
	Person in charge, demonstrates knowledge & performs duties N/O N/A			14	N/O	Food separated & protected	N/A
		Employee Health		15	N/O	Food contact surfaces: cleaned and sanitized	N/A
	N/O	Management, food employee & conditional employee; knowledge, responsibilities & reporting		16	N/Q	Proper disposition of returned, previously served, reconditioned and unsafe food.	N/A
	N/O	Proper use of reporting; restriction & exclusion	N/A			Time/Temperature Control for Safety	
	IN/O	Procedures for responding to vomiting & diarrheal events		17	N/O	Proper cooking time & temperature	N/A
N/O Procedures for responding to vomiting & diarrheal events N/A Good Hygienic Practices				18	N/O	Proper reheating procedures for hot holding	N/A
	N/O	Proper eating, tasting, drinking or tobacco use	N/A	19	N/O	Proper cooling time & temperature	N/A
	N/O	No discharge from eyes, nose & mouth	N/A	20	N/O	Proper hot holding & temperatures	N/
Preventing Contamination by Hands				21	Proper cold holding & temperatures OUT		N/
	N/O	Hands clean & properly washed		22	2 Proper data marking & disposition N/O		N/
	N/O	No bare hand contact with RTE foods or pre-approved alternate method properly followed	N/A	23	N/O	Time as a public health control: procedures & record	N/
ri i	OUT	Adequate handwashing sinks properly supplied and accessible the front of the hand wash station needs repaired, and the faucet leaks	R			Consumer Advisory	
OUT the front of the hand wash station needs repaired, and the faucet leaks R Approved Source				24	N/Ö	Consumer advisory provided for raw/undercooked foods	N
0	N/O	Food obtained from approved source	N/A	Highly Susceptible Population			
1	N/O	Food received at proper temperature	N/A	25	N/O	Pasteurized food used; prohibited foods not offered	N/
2	N/O	Food in good condition, safe & unadulterated	N/A		Food/Color Additives & Toxic Substance		
.3	N/O	Required records available, shellstock tags, parasite	N/A	26	N/O	Food/Color additives: approved & properly used	N
	NIO			27	N/O	Toxic substances properly identified, stored & used	N
					Conformance with Approved Procedures		
				28	N/O	Compliance with variance/specialized process/HACCP	N

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.

		Safe Food & Water				Proper Use of Utensils			
9	OUT	Pasteurized eggs used where required	N/A	42	N/O	in-Use utensils; properly stored	N/A		
0	OUT	Water & Ice from approved source	N/A	43	43 N/O Utensils, equipment & linens; properly stored, dried & handled				
1	IN	Variance obtained for specialized processing methods	N/A	44	44 N/O Single-use/single-service articles: properly stored & used				
		Food Temperature Control		45	N/O	Gloves used properly	N/A		
2	N/O	Proper cooling methods used; adequate equipment for temperature control	1 N/A		Utensils, Equipment & Vending				
13	N/O	Plant food properly cooked for hot holding		46	N/O	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	N/A		
4	N/O	Approved thawing methods used	N/A	47	N/O	Warewashing facilities; installed, maintained & used; test	N/A		
5	N/O	Thermometers provided & accurate N/A		48	N/O	Non-food contact surfaces clean	N/A		
		Food Identification				Physical Facilities			
16	N/O	Food properly labeled; original container	N/A	49	N/O	Hot & cold water available: adequate pressure	N/A		
	THE NUMBER OF STREET	Prevention of Food Contamination		50	оит	Plumbing installed: installed, maintained & used; test one of the two sinks in the mens restroom does not work nor does the	R		
37	N/O	Insects, rodents, & animals not present	resent N/A 51		N/O	Sewage & waste water properly disposed	N/A		
38	N/O	Contamination prevented during food preparation, storage & display	N/A	52	N/O	Toilet facilities; properly constructed, supplied, cleaned	N//		
39	N/O	Personal cleanliness	N/A	53	N/O	Garbage & refuse properly disposed: facilities maintained	N//		
40	N/O	Wipe clothes; properly used & stored	N/A	54 Physical facilities installed, maintained & clean		Physical facilities installed, maintained & clean	N/.		
41	N/O	Washing fruits & vegetables	N/A	55	N/O	Adequate ventilation & lighting: designated areas used	N/		
		FOOD EMPLOYEE CERTIFICATION Complian	ice with I	PA Foo	od Emp	loyee Certification Act (3Pa.CSASS§6501-6510)			
		CERTIFIED FOOD EMPLOYEE				CERTIFICATE			
56	N/O	Certified Food Employee employed; acts as PIC; accessible	N/A	57	N/O	Certified Food manager certificate: valid and properly displayed	N/A		

 $IN = in \ compliance, \ OUT = not \ in \ compliance, \ N/O = not \ observed, \ N/A = not \ applicable$

C = corrected on site, R = repeated

P.I.C. Signature

Sanitarian Signature

Signed	Handwritten on S. Te	Laurence	Tottais

RADNOR TOWNHSIP				1	Factor Violations	10/28/16		
301 IVEN AVENUE			# Repo	eat Risk Factor Violations	TIME IN	10:30am		
WAYNE, PA 19087				Overa	II Compliance Status	TIME OUT	11:30am	
Food Facility Address					City/State		Zip	Phone #
Avenue Kitchen 789 E. Lancaster			er Avenue		Villanova, Pa.	19085		
Registration# Owner				Purpo	se of Inspection (choose one)	License Type	Risk Category	
FE0000	01209		Greg Smith, Manager			Follow Up	Retail	Retail Foods
				TEMPE	RATURE	RECORDINGS		
	ſ	TEM/LOCATION	1	TEM	1P	ITEM/Le	OCATION	TEMP
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		######################################		λέν DE	WASHIN	G FACILITIES		
				VVARE	.ver.or inv			PPM
						SANITIZER		FFW
3 Bay Sink								
3 Bay Sink								
Dishwashe	r							
Wiping Cot	ths							
			OB	CEDVATION	NC O. CC	DRRECTIVE ACTIONS		
			OB:	SEKVATIO				
ITEM #					VIO	LATION TEXT		
	This is a follo	ow up inspection fro	om 10/20/16 where all the a	bove violations	should have	e been repaired. The above violation	ns shall be corrected by opening	ime on Tuesday
	November 1	2016 Eailure to c	comply within the prescribed	time may result	t in more st	rict penalties in accordance with app	olicable adopted Radnor Townshir	Codes,
					,			100 miles (20 miles) 20 miles
	* A signed h	and written field rep	part is on file in the township	p building.				
#9	Repair the h	and sink housing a	and stop the running/dripping	g faucet.				
#50	The mens re	stroom has one of	the two hand sinks not worl	king and the urin	nal not work	ing		
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						n sanitarian copy only!		

Warning Letter Requested **Prosecution Requested**

Follow-up Date